

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

## Gulf County Health Department

### On-Site Sewage Treatment and Disposal System (OSTDS) Application Site Plan Checklist

Other Agency Permits:

As the owner or agent applying for an OSTDS permit, it is my responsibility to determine if the proposed development is in compliance with the zoning requirements of Gulf County. I further assume responsibility to obtain any applicable permits from other state and local government agencies.

Site Data: **If Yes, indicate on Site Plan**

- |    |   |              |
|----|---|--------------|
| 1. | Is there any slope to the property?<br>Slight___ Moderate___ Severe___                              | Yes___ No___ |
| 2. | Are there any wells on your property?   | Yes___ No___ |
| 3. | Are there any wells within 75 feet of your property?  | Yes___ No___ |
| 4. | Are there any lakes, streams, ditches, or standing bodies of water on your property?                | Yes___ No___ |
| 5. | Are there any lakes, streams, ditches, or standing bodies of water within 75 feet of your property? | Yes___ No___ |
| 6. | Are there any easements on your property (roads, pipelines, underground utility lines, etc.)?       | Yes___ No___ |
| 7. | Is more than one (1) dwelling proposed or existing on your property? List _____                     | Yes___ No___ |

As the Applicant, I declare that the enclosed Site Plan measurements are accurate and I understand that inaccurate Site Plan measurements provide grounds for septic tank permit denial.

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Date

**Florida Department of Health**

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